

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035453

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 223

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u>		c. CITY OR TOWN <u>Platte City</u>	
Length of stay in lb <u>6 days</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Ella Marie Eckert</u>			4. DATE OF DEATH Month <u>October</u> Day <u>8</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-18-1885</u>	9. AGE (last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>days</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		
11. BIRTHPLACE (City and state or country) <u>Platte City, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>George H. Eckert</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Kathryn Renner</u>		
14. NAME OF HUSBAND OR WIFE <u>None</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No.</u>)		
16. SOCIAL SECURITY NO. <u>[redacted]</u>			17. INFORMANT <u>Mrs. Wade Moore</u> <u>Platte City, Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Adverse reaction of color.</u> DUE TO (c) <u>12 mos</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
---	--	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5</u> a.m. <u>30</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Platte City, Missouri</u>	COUNTY <u>Platte</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>October 1, 1963</u> to <u>October 8</u> and last saw her alive on <u>5:30 P.M.</u> Death occurred at <u>October 8, 1963, 5:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Platte City, Missouri</u>	22c. DATE SIGNED <u>10-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-8-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>
23d. LOCATION (City, town, or county) <u>Platte City, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>10-10-63</u>

24. FUNERAL DIRECTOR <u>Tommy R. Rollins</u> <u>Platte City, Mo.</u>	25. REGISTRAR'S SIGNATURE <u>Marquette Henderson</u>
---	---

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 6000

2 6830

3 2

4 1

5 0

6 0

7 0

8 2

9 1538

10 0

11 0

12 4-0

13 20

0CT 17 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Sammy S. Rollins

Licensed Embalmer No. 5110

P. O. Address

Port City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.